

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) 19-06574-hb

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 30, 2019

X /s/ Darrin Moyer

Signature of individual signing on behalf of debtor

Darrin Moyer

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) 19-06574-hb

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**
Copy line 91A from *Schedule A/B*..... \$ 772,425.17

1c. **Total of all property:**
Copy line 92 from *Schedule A/B*..... \$ 772,425.17

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 1,349,154.39

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 198,805.60

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 190,154.71

4. **Total liabilities**
Lines 2 + 3a + 3b \$ 1,738,114.70

Fill in this information to identify the case:Debtor name Regional Ambulance Service, Inc.United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINACase number (if known) 19-06574-hb☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	Wells Fargo	Checking	6775	\$56,554.00
3.2.	Wells Fargo	Savings	4530	\$6,552.99
3.3.	Wells Fargo	Checking	8943	\$136.54
3.4.	Wells Fargo	Checking	5260	\$224.67

4. Other cash equivalents (Identify all)**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$63,468.20**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Debtor Regional Ambulance Service, Inc.
Name

Case number (If known) 19-06574-hb

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 546,737.60 - 45,062.66 = \$501,674.94
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 343,195.04 - 142,813.01 = \$200,382.03
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$702,056.97

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Medical Supplies		<u>\$0.00</u>		<u>\$2,500.00</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$2,500.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No
☒ Yes. Book value 0.00 Valuation method Purchase Price Current Value 245.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No

Debtor Regional Ambulance Service, Inc.
Name

Case number (If known) 19-06574-hb

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Desks, file cabinets, miscellaneous	\$0.00		\$2,000.00
40.	Office fixtures Storage Shed	\$0.00		\$1,500.00
41.	Office equipment, including all computer equipment and communication systems equipment and software 20 ipads, 15 computers, printer	\$0.00		\$800.00
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$4,300.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

Debtor **Regional Ambulance Service, Inc.**
Name

Case number (If known) **19-06574-hb**

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 1089 Augusta Road, Suite 330, Warrenton, SC 29851	Lease - \$5,000/mo.	\$0.00		\$0.00
55.2. 3800 Sunset Boulevard, West Columbia, SC	Lease - \$3,200/mo.	\$0.00		\$0.00
55.3. Maintenance Department 2040 Main Street Graniteville, SC 29829	Lease - \$560.00/mo.	\$0.00		\$0.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites regionalambulanceservice.com	\$0.00		\$100.00
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			

Debtor Regional Ambulance Service, Inc.
Name

Case number (If known) 19-06574-hb

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$100.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Regional Ambulance Service, Inc.
Name

Case number (If known) 19-06574-hb

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$63,468.20</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$702,056.97</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$2,500.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$4,300.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$100.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$772,425.17</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$772,425.17</u>

Fill in this information to identify the case:

Debtor name **Regional Ambulance Service, Inc.**

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) **19-06574-hb**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Internal Revenue Service <small>Creditor's Name</small> PO Box 7346 Philadelphia, PA 19101 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Tax Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,039,374.08	\$0.00

2.2	SC Dept of Revenue <small>Creditor's Name</small> PO Box 12665 Columbia, SC 29211 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$309,780.31	\$0.00
------------	---	---	---------------------	---------------

Debtor **Regional Ambulance Service, Inc.**

Name

Case number (if know)

19-06574-hb

☒ No

☐ Contingent

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,349,154.3
9

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:

Debtor name **Regional Ambulance Service, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) **19-06574-hb**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Employees</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$76,811.01</p> <p>\$76,811.01</p>
2.2	<p>Priority creditor's name and mailing address</p> <p>Internal Revenue Service Centralized Insolvency Operation 950 East Paces Ferry Road, NE Suite 900 Atlanta, GA 30326-1382</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Employee Withholding Tax (including interest and penalty)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$25,752.39</p> <p>\$25,752.39</p>

Debtor	Regional Ambulance Service, Inc. <small>Name</small>	Case number (if known)	19-06574-hb
--------	--	------------------------	--------------------

2.3	Priority creditor's name and mailing address SC Department of Revenue & Taxation PO Box 12265 Columbia, SC 29211-9979	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$96,242.20	\$96,242.20
-----	---	--	--------------------	--------------------

Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Employee Withholding Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	--

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address Ace American Ins. Co. Lockbox #6907 PO Box 8500 Philadelphia, PA 19178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00	
3.2	Nonpriority creditor's name and mailing address AFC Greer Attn: Anna Cardona 1467 Woodruff Rd., Ste. C Greenville, SC 29607 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,932.50	
3.3	Nonpriority creditor's name and mailing address AFC Urgent Care PO Box 743652 Atlanta, GA 30374-3652 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,398.50	
3.4	Nonpriority creditor's name and mailing address Aiken County EMS Central Collections 1930 University Parkway, Suite 3200 Warrenville, SC 29851 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00	
3.5	Nonpriority creditor's name and mailing address Aiken Regional Medical Centers Attn: Darren Waters FBO Business & Industry Development 440 Society Hill Drive, Ste. 204 Aiken, SC 29803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,714.00	

Debtor	Regional Ambulance Service, Inc. <small>Name</small>	Case number (if known)	19-06574-hb
--------	--	------------------------	--------------------

3.6	Nonpriority creditor's name and mailing address Air Gas PO Box 734672 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,210.37
-----	---	---	-------------------

3.7	Nonpriority creditor's name and mailing address All Star Towing 3500 Fernandina Road, Apt E-3 Columbia, SC 29210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,116.00
-----	---	---	-------------------

3.8	Nonpriority creditor's name and mailing address Allied Health Resources PO Box 17768 Greenville, SC 29606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,497.76
-----	--	---	-------------------

3.9	Nonpriority creditor's name and mailing address Angelica PO Box 532268 Atlanta, GA 30353-2268 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,948.93
-----	--	---	-------------------

3.10	Nonpriority creditor's name and mailing address Atlantic Broadband PO Box 371801 Pittsburgh, PA 15250-7801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$646.28
------	---	---	-----------------

3.11	Nonpriority creditor's name and mailing address Blue Cross Blue Shield South Carolina 4101 Percival Road Columbia, SC 29219-8320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.65
------	---	---	----------------

3.12	Nonpriority creditor's name and mailing address Bon Secours Ambularotry Service St. Fran 1467 Woodruff Road, Suite C Greenville, SC 29607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$934.41
------	--	---	-----------------

Debtor	Regional Ambulance Service, Inc. <small>Name</small>	Case number (if known)	19-06574-hb
--------	--	------------------------	--------------------

3.13	Nonpriority creditor's name and mailing address CIT 21146 Network Place Chicago, IL 60674-1211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,511.63
------	---	---	-------------------

3.14	Nonpriority creditor's name and mailing address City of West Columbia Water Collection Division PO Box 4044 West Columbia, SC 29171-4044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.50
------	---	---	----------------

3.15	Nonpriority creditor's name and mailing address Companion Life PO Box 100102 Columbia, SC 29202-3102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.30
------	---	---	-----------------

3.16	Nonpriority creditor's name and mailing address Connector 2000 Association PO Box 408 Piedmont, SC 29673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.75
------	---	---	----------------

3.17	Nonpriority creditor's name and mailing address CSRA Paper & Janitorial Supply 2002 Gordon Highway Augusta, GA 30909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,621.92
------	---	---	-------------------

3.18	Nonpriority creditor's name and mailing address Deltacom PO Box 2252 Birmingham, AL 35246-1058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IS THIS A CREDIT of \$883.03?</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	----------------

3.19	Nonpriority creditor's name and mailing address Department of Public Utilities PO Box 1057 Orangeburg, SC 29116-1057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.11
------	---	---	-----------------

Debtor	Regional Ambulance Service, Inc. <small>Name</small>	Case number (if known)	19-06574-hb
--------	--	------------------------	--------------------

3.20	Nonpriority creditor's name and mailing address Doctors Care PO Box 63418 Charlotte, NC 28263-3418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.71
------	---	---	-----------------

3.21	Nonpriority creditor's name and mailing address EDTS 1721 Goodrich Street Augusta, GA 30904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,108.65
------	--	---	-------------------

3.22	Nonpriority creditor's name and mailing address Fisher & Phillips, LLP 1320 Main Street, Suite 750 Columbia, SC 29201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,710.47
------	--	---	-------------------

3.23	Nonpriority creditor's name and mailing address Fulcher Hagler LLP Attn: Scott Lewis One 10th Street Suite 700 Augusta, GA 30901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
------	---	---	--------------------

3.24	Nonpriority creditor's name and mailing address Fuller Frost & Associates 3638 Walton Way Extension, Ste. 300 Augusta, GA 30909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.00
------	--	---	-------------------

3.25	Nonpriority creditor's name and mailing address Gray's Auto & Tire 3702 Bamberg Road Orangeburg, SC 29115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.00
------	--	---	-----------------

3.26	Nonpriority creditor's name and mailing address keyRisk PO Box 18746 Greensboro, NC 27419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,277.95
------	--	---	-------------------

Debtor	Regional Ambulance Service, Inc. <small>Name</small>	Case number (if known)	19-06574-hb
--------	--	------------------------	--------------------

3.27	Nonpriority creditor's name and mailing address Levi, Wittenberg, Harritt, Hoeffer PO Drawer 730 Sumter, SC 29151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	---	----------------

3.28	Nonpriority creditor's name and mailing address Lexington Medical Center Occupational Health Attn: Nancy Sells PO Box 2210 Lexington, SC 29071-2210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$458.00
------	--	---	-----------------

3.29	Nonpriority creditor's name and mailing address Mail Finance 25881 Network Place Chicago, IL 60673-1258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
------	--	---	-----------------

3.30	Nonpriority creditor's name and mailing address Med Care Columbia PO Box 415000 Nashville, TN 37241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,144.75
------	--	---	-------------------

3.31	Nonpriority creditor's name and mailing address Med Care Urgent Care PO Box 415000 Nashville, TN 37241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$374.00
------	---	---	-----------------

3.32	Nonpriority creditor's name and mailing address Midlands Exams and Drug Screening, Inc. 3020 Sunset Boulevard, Ste. 102 West Columbia, SC 29169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,223.00
------	--	---	-------------------

3.33	Nonpriority creditor's name and mailing address Pollock 1711 Central Avenue Augusta, GA 30904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,858.16
------	--	---	-------------------

Debtor	Regional Ambulance Service, Inc. <small>Name</small>	Case number (if known)	19-06574-hb
--------	--	------------------------	--------------------

3.34	Nonpriority creditor's name and mailing address Quality Biomedical 7381 114t Avenue, Suite 402 Largo, FL 33773 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,056.45
------	---	---	-------------------

3.35	Nonpriority creditor's name and mailing address Republic Services PO Box 9001099 Louisville, KY 40290-1099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
------	---	---	-------------------

3.36	Nonpriority creditor's name and mailing address SCE&G PO Box 100255 Columbia, SC 29218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$512.43
------	---	---	-----------------

3.37	Nonpriority creditor's name and mailing address Schroeder's Towing 3512 Bush River Road Columbia, SC 29210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,521.25
------	---	---	-------------------

3.38	Nonpriority creditor's name and mailing address Shred-It USA, LLC PO Box 906055 Charlotte, NC 28290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$982.49
------	--	---	-----------------

3.39	Nonpriority creditor's name and mailing address Stevens Towing 2307 Airport Road Greer, SC 29650 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$272.00
------	---	---	-----------------

3.40	Nonpriority creditor's name and mailing address SunCoast Fire & Safety PO Box 6133 Anderson, SC 29623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
------	--	---	-----------------

Debtor	Regional Ambulance Service, Inc. <small>Name</small>	Case number (if known)	19-06574-hb
--------	--	------------------------	--------------------

3.41	Nonpriority creditor's name and mailing address The Hartford Sentinel Insurance Company PO Box 660916 Dallas, TX 75266-0916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.00
------	--	---	-----------------

3.42	Nonpriority creditor's name and mailing address UMG Prompt Care NEED ADDRESS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$512.00
------	---	---	-----------------

3.43	Nonpriority creditor's name and mailing address University Occupational Health Ctr 3121 Peach Orchard Road, Suite 201 Augusta, GA 30906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.00
------	--	---	-----------------

3.44	Nonpriority creditor's name and mailing address Uppro Attn: Dan Choi 25 Broadway, 9th Floor New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,390.85
------	---	---	--------------------

3.45	Nonpriority creditor's name and mailing address US Bank Equipment Finance PO Box 790448 Saint Louis, MO 63179-0448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$638.64
------	---	---	-----------------

3.46	Nonpriority creditor's name and mailing address Verizon PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,656.92
------	--	---	-------------------

3.47	Nonpriority creditor's name and mailing address Wayne's Automotive 1997 Richland Avenue, East Aiken, SC 29801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.00
------	--	---	-----------------

Debtor Regional Ambulance Service, Inc. Case number (if known) 19-06574-hb
Name

3.48 Nonpriority creditor's name and mailing address **Worker's Compensation Rx Solutions**
14301 N. 87th Street
Scottsdale, AZ 85260
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.* **\$55.21**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: ____
Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address **Zurich North America**
PO Box 4664
Carol Stream, IL 60197-4664
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.* **\$81,797.17**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: ____
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 198,805.60
5b. +	\$ 190,154.71
5c.	\$ 388,960.31

Fill in this information to identify the case:

Debtor name **Regional Ambulance Service, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) **19-06574-hb**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Oxygen**

State the term remaining

List the contract number of any government contract

**Air Gas
1221 New Savannah Road
Augusta, GA 30901**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Columbia Landlord**

State the term remaining

List the contract number of any government contract

**Henry Abeyta
159 North Wrennwood
Lexington, SC 29073**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Aiken Maint - Landlord**

State the term remaining

List the contract number of any government contract

**John Adams
519 Augusta Road
Warrenville, SC 29851**

2.4. State what the contract or lease is for and the nature of the debtor's interest **1 stamp machine**

State the term remaining

List the contract number of any government contract

**Mail Finance/Neopost USA, Inc.
478 Wheelers Farms Road
Milford, CT 06461**

Debtor 1 **Regional Ambulance Service, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-06574-hb**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **EMS Aiken - Landord**

State the term remaining

List the contract number of any government contract

**Piedmont Planning, LLC
1089 Augusta Road
Warrenville, SC 29851**

2.6. State what the contract or lease is for and the nature of the debtor's interest **3 copiers**

State the term remaining

List the contract number of any government contract

**Pollock
1711 Central Avenue
Augusta, GA 30904**

2.7. State what the contract or lease is for and the nature of the debtor's interest **3 ambulances**

State the term remaining **Ends 6/2020**

List the contract number of any government contract

**Santander Bank
824 North Market Street, Ste. 100
Wilmington, DE 19801**

2.8. State what the contract or lease is for and the nature of the debtor's interest **2 ambulances**

State the term remaining **Ends 6/2020**

List the contract number of any government contract

**Signature Finance
225 Broadhollow Road, Ste. 132W
Melville, NY 11747**

2.9. State what the contract or lease is for and the nature of the debtor's interest **2 trash containers**

State the term remaining

List the contract number of any government contract

**Zters, Inc.
13727 Office Park Drive
Houston, TX 77070**

Fill in this information to identify the case:

Debtor name **Regional Ambulance Service, Inc.**
 United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**
 Case number (if known) **19-06574-hb**

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Darrin Moyer 919 River Bound Court
Evans, GA 30809-4902

Fulcher Hagler LLP

☐ D _____
☒ E/F **3.23**
☐ G _____

2.2 Darrin Moyer

Internal Revenue Service

☒ D **2.1**
☐ E/F _____
☐ G _____

2.3 Darrin Moyer

SC Dept of Revenue

☒ D **2.2**
☐ E/F _____
☐ G _____

2.4 Darrin Moyer

Internal Revenue Service

☐ D _____
☒ E/F **2.2**
☐ G _____

2.5 Darrin Moyer

SC Department of Revenue & Taxation

☐ D _____
☒ E/F **2.3**
☐ G _____

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) 19-06574-hb

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2019 to Filing Date

☒ Operating a business
☐ Other _____

\$3,585,796.30

For prior year:
From 1/01/2018 to 12/31/2018

☒ Operating a business
☐ Other _____

\$4,892,586.42

For year before that:
From 1/01/2017 to 12/31/2017

☒ Operating a business
☐ Other _____

\$5,325,685.31

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Regional Ambulance Service, Inc.**Case number (if known) **19-06574-hb**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. McCarthy Reynolds & Penn, LLC 1517 Laurel Street Columbia, SC 29201-2000	12/10/2019	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Attorney Fees/Retainer
3.2. Fuelman PO Box 70887 Charlotte, NC 28272-0887	12/9/2019 \$8,426.86 11/25/2019 8,703.00 11/13/2019 \$7,821.53	\$24,951.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. ADP PO Box 12513 1851 N Resler Drive El Paso, TX 79912	12/6/2019 \$20,364.81 11/22/2019 \$21,433.68 11/7/2019 \$21,409.85 10/25/2019 \$21,878.35 10/10/2019 \$20,504.37 09/27/2019 \$21,347.68	\$126,938.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Payroll Taxes/Wage Garnishments
3.4. IPFS PO Box 412086 Kansas City, MO 64141-2086	11/4/2019 \$17,545.36 10/3/2019 \$28,460.28	\$46,005.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Liability Insurance
3.5. Cadence Bank PO Box 4931 Houston, TX 77210-4931	11/1/2019	\$7,666.85	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Land Payment Sub-s

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **Regional Ambulance Service, Inc.**Case number (if known) **19-06574-hb**☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Aiken Civic Ballet 142 Greenville Street, SW Aiken, SC 29801		July, 2018	\$1,000.00
Recipients relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

Debtor **Regional Ambulance Service, Inc.**

Case number (if known) **19-06574-hb**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	McCarthy, Reynolds, & Penn, LLC 1517 Laurel Street Columbia, SC 29201		December 10, 2019	\$20,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	608 Broughton Street Orangeburg, SC 29115	November 2007 - July 2019
14.2.	417 S Buncombe Road Greer, SC 29651	January 1, 2017 - March 31, 2017

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **Regional Ambulance Service, Inc.**

Case number (if known) **19-06574-hb**

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Regional Ambulance Services 1089 Augusta Road, Suite 300 Warrenville, SC 29851	Ambulance and wheelchair transportation	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
		Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Medical history, social security numbers, insurance information, date of birth

Does the debtor have a privacy policy about that information?

- ☒ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. **Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. **Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	---	-----------------------------	-----------------------

20. **Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Regional Ambulance Service, Inc.**

Case number (if known) **19-06574-hb**

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

Debtor **Regional Ambulance Service, Inc.**Case number (if known) **19-06574-hb****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26a.1.	Amanda Johnson 2024 Loraine Street Aiken, SC 29803	11/2017-Present
26a.2.	Fuller & Frost 3638 Walton Way Ext. 300 Augusta, GA 30909	01/2015-Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Darrin Moyer 1089 Augusta Road, Suite 300 Warrenville, SC 29851	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
--	-------------------	---

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Darrin Moyer	919 River Bound Court Evans, GA 30809	President/Shareholder	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Debtor **Regional Ambulance Service, Inc.**

Case number (if known) **19-06574-hb**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Darrin Moyer 919 River Bound Court Evans, GA 30809-4902	Salary - See Attached		
	Relationship to debtor President/Shareholder			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 30, 2019**

/s/ Darrin Moyer

Signature of individual signing on behalf of the debtor

Darrin Moyer

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Regular Pay >



\$4,615.38

Pay Frequency
Biweekly

Salary

Annual Salary

\$119,999.88

Rate 2 (More Rates)

\$57.6923

Standard Hours

80.00

Total Additional Earnings

\$0.00

➤ ADDITIONAL EARNINGS ➤ VARIABLE PAY TRACKING

➤ CANCEL AUTOMATIC PAY

Deductions >

➤ ADD

DESCRIPTION	CATEGO...	AMOUNT	DESCRIPTION	A
91-TAX LEVY% i	Tax Levy	25.0000%	There are currently no entries.	
SUB-SUB S DISTR	Other	2,006.65		

Direct Deposits >

➤ ADD

Tax Withholdings

Federal >



Marital Status
Single

Tax Blocks
None

Additional Tax

Exemptions
1

State >

Local >

STATE	TYPE	SUI/SDI	LOCALITY	TYPE
South Caroli... i	Worked In	SC-35-South Caroli...	There are currently no entries.	

To Date Accumulators >

Time Off >

Other Pay Settings

As Of 12/20/2019

TIME OFF POLICY		BALANCE	MAPPED & CUSTOM DAT... i	PRIOR TAX
DESCRIPTION	TO-DATE	There are currently no entries.		
21-Ytd Gross	119,999.88			➤ CLOCK & DATA CONTROL ➤ PENSION
22-Ytd Total Hours	2,080.00			➤ STATUS FLAGS
36-Regular H Qtd	480.00			➤ CUSTOM AREAS
37-Regular H Ytd	2,080.00			➤ CHECK CONTROLS
➤ ALLOWED AND TAKEN				➤ SPECIAL ACCOUNTS

**United States Bankruptcy Court
District of South Carolina**

In re **Regional Ambulance Service, Inc.**

Debtor(s)

Case No. **19-06574-hb**
Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Darrin Moyer 919 River Bound Court Evans, GA 30809			100% Stock

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **December 30, 2019**

Signature **/s/ Darrin Moyer**
Darrin Moyer

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

United States Bankruptcy Court
District of South Carolina

In re **Regional Ambulance Service, Inc.**

Debtor(s)

Case No. **19-06574-hb**

Chapter **11**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ **3,765,377.75**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ **313,781.48**

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ **130,888.73**

4. Payroll Taxes **45,026.02**

5. Unemployment Taxes **0.00**

6. Worker's Compensation **13,149.96**

7. Other Taxes **1,546.01**

8. Inventory Purchases (Including raw materials) **0.00**

9. Purchase of Feed/Fertilizer/Seed/Spray **0.00**

10. Rent (Other than debtor's principal residence) **8,760.00**

11. Utilities **948.53**

12. Office Expenses and Supplies **22,740.96**

13. Repairs and Maintenance **13,000.00**

14. Vehicle Expenses **18,530.74**

15. Travel and Entertainment **816.56**

16. Equipment Rental and Leases **10,000.00**

17. Legal/Accounting/Other Professional Fees **6,564.01**

18. Insurance **24,906.34**

19. Employee Benefits (e.g., pension, medical, etc.) **3,331.99**

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	TOTAL
Promotion	3072.73
Sub S	4257.99

21. Other (Specify):

DESCRIPTION	TOTAL
-------------	-------

22. Total Monthly Expenses (Add items 3-21) \$ **307,540.57**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ **6,240.91**